2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000013452

1. Entity Name

RM COLLEGE PARKWAY CENTER OUT PARCEL, LLC



Principal Place of Business

SIGNATURE:

Mailing Address

3325 SOUTH UNIVERSITY DRIVE, SUITE 210 DAVIE, FL 33328

3325 SOUTH UNIVERSITY DRIVE, SUITE 210 DAVIE, FL 33328

FILED Apr 29, 2004 08:00 AM Secretary of State



04122004 No Chg-LLC

CR2E083 (10/03)

FEt Number
_01-0708947

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

954-452-5000

6. Name and Address of Current Registered Agent

ROSS, BARRY 3325 SOUTH UNIVERSITY DRIVE, SUITE 210 DAVIE, FL 33328

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered		(NOTE Registered Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2004				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSS, BARRY 3325 S. UNIVERSITY DR DAVIE, FL 33328		1.8784831, 411.89	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			147501754 8d534 3328 88.33	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO	NOT WRITE	
THTLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY+ST+ZIP				
JITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accorde and that my signature shall have the same legal effect as if made under oals; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes				

10 SS

BARRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE